FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90097 013 ***150.00

DOCUMENT # 161350

1. Corporation Name
J. D. HOWELL, INC.

Principal Place of Business	Mailing Address
9101 AUDUBON PARK LANE JACKSONVILLE FL 32257 US	PO BOX 56153 JACKSONVILLE FL 32245 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/28/1950

2. Principal Place of Business	2a. Mailing Address
21 104 Surfview DR.	26 104 Surfview DR.
Suite, Apt. #, etc. 22 Suite 2105	Suite, Apt. #, etc. 27 Suite # 2105
City & State 23 Palm Coast, Fl.	City & State 28 Palm Coast, Fl.
Zip / Country 24 32137 25 Flagler	Zip / Country 29 32137 30 Flagler

4. FEI Number: 59-0612377 ☐ Applied For ☑ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWELL, J.D. 9101 AUDUBON PARK LANE JACKSONVILLE FL 32257	81 Name: Howell, J. D. 82 Street Address (P.O. Box Number is Not Acceptable): 104 Surfview DR. #2105 83 84 City: Palm Coast, FL 85 Zip Code: 32137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: J. D. Howell President — DATE: 1-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDT	☒ DELETE	1.1 TITLE	VDT	☒ Change ☐ Addition
NAME	HOWELL, MARY ELAINE		1.2 NAME	Howell, Mary Elaine	
STREET ADDRESS	9101 AUDUBON PARK LN		1.3 STREET ADDRESS	104 Surfview DR. #2105	
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	PDS	☒ DELETE	2.1 TITLE	PDS	☒ Change ☐ Addition
NAME	HOWELL, JOHN DAVID		2.2 NAME	Howell, John David	
STREET ADDRESS	9101 AUDUBON PARK LN		2.3 STREET ADDRESS	104 Surfview Dr. #2105	
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. D. Howell, President — 1-9-99 — 904-446-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. D. Howell